## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 06/20/2006

## **Provider Inspection Summary**

For the period 05/01/2003 to 04/30/2006 Residential Care Apartment Complex CERTIFIED STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: LINDEN RIDGE (0010336)

Address: 841 HWY NN E, MUKWONAGO, WI 53149

**License Status: REGULAR** 

Licensed/Certified/Registered 07/01/2003

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History** 

Survey ID: 0092039 End Date: 02/26/2004 Type: OTHER Purpose: OTHER

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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